

QUARTERLY STATEMENT

OF THE

	DELTA DENTAL PLAN
	OF
	ARKANSAS, INC.
of	SHERWOOD
in the state of	ARKANSAS

TO THE

Insurance Department

OF THE

STATE OF

STATE OF ARKANSAS

FOR THE QUARTER ENDED

June 30, 2015

HEALTH

2015



47155201520100102

QUARTERLY STATEMENT

AS OF JUNE 30, 2015
OF THE CONDITION AND AFFAIRS OF THE

Delta Dental Plan of Arkansas, Inc.

NAIC Group Code	0000	0000	NAIC Company Code	47155	Employer's ID Number	71-0561140	
	(Current Period)	(Prior Period)					
Organized under the Laws of	Arkansas			State of Domicile or Port of Entry			Arkansas
Country of Domicile	United States						
Licensed as business type	Life, Accident & Health []		Property/Casualty []		Hospital, Medical & Dental Service or Indemnity [X]		
	Dental Service Corporation []		Vision Service Corporation []		Health Maintenance Organization []		
	Other []		Is HMO Federally Qualified? Yes [] No []				
Incorporated/Organized	March 15, 1982			Commenced Business			August 1, 1982
Statutory Home Office	1513 Country Club Road			Sherwood, AR US 72120			
	(Street and Number)			(City or Town, State, Country and Zip Code)			
Main Administrative Office	1513 Country Club Road						
	(Street and Number)						
	Sherwood, AR US 72120			501-835-3400			
	(City or Town, State, Country and Zip Code)			(Area Code) (Telephone Number)			
Mail Address	1513 Country Club Road			Sherwood, AR US 72120			
	(Street and Number or P.O. Box)			(City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	1513 Country Club Road			Sherwood, AR US 72120			
	(Street and Number)			(City or Town, State, Country and Zip Code)			
				501-835-3400			
				(Area Code) (Telephone Number)			
Internet Website Address	www.deltadentalar.com						
Statutory Statement Contact	Phyllis Lynn Rogers			501-992-1616			
	(Name)			(Area Code) (Telephone Number) (Extension)			
	progers@deltadentalar.com			501-992-1617			
	(E-Mail Address)			(Fax Number)			

OFFICERS

	Name	Title
1.	Eddie Allen Choate	President and CEO
2.	Mel Taylor Collazo	Vice Chair and Secretary
3.		

VICE-PRESIDENTS

Name	Title	Name	Title
Ina Lynn Harbert	Senior Vice President and COO	Phyllis Lynn Rogers	Senior Vice President and CFO
Herman Eldon Hurd	Vice President, Dental Director	Allen Dale Moore	Vice President of Information Technology
James Wayne Couch	Vice President and General Counsel	Jay Reavis	VP of Sales & Account Management
Robert Mason #	Vice President, Professional Relations		

DIRECTORS OR TRUSTEES

Robert Howard Gladden	James Talbert Johnston	Susan Jane Fletcher Smith	Mel Taylor Collazo
Ronald Paul Ownbey	Terri Anderson Miller	Troy John Dryden Bartels	Sarah Clark
Granville Wayne Callahan, Sr.	Mark Bailey	Phillip Wayne Cox #	

State of Arkansas

County of Pulaski ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature)	(Signature)	(Signature)
Eddie Allen Choate	Mel Taylor Collazo	Not Required
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
President and CEO	Vice Chair and Secretary	
(Title)	(Title)	(Title)

Subscribed and sworn to before me this	a. Is this an original filing?	[X] Yes [] No
_____ day of _____, 2015	b. If no:	1. State the amendment number
		2. Date filed
		3. Number of pages attached

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	22,569,070		22,569,070	22,363,598
2. Stocks:				
2.1 Preferred stocks				
2.2 Common stocks	37,751,611	17,085,735	20,665,876	20,446,007
3. Mortgage loans on real estate:				
3.1 First liens				
3.2 Other than first liens				
4. Real estate:				
4.1 Properties occupied by the company (less \$ 0 encumbrances)	8,680,018		8,680,018	8,784,784
4.2 Properties held for the production of income (less \$ 0 encumbrances)				
4.3 Properties held for sale (less \$ 0 encumbrances)				36,807
5. Cash (\$ 10,167,610), cash equivalents (\$ 0), and short-term investments (\$ 96,584)	10,264,194		10,264,194	15,753,336
6. Contract loans (including \$ 0 premium notes)				
7. Derivatives				
8. Other invested assets	5,474,278	700,000	4,774,278	4,715,969
9. Receivables for securities				
10. Securities lending reinvested collateral assets				
11. Aggregate write-ins for invested assets	1,417,972		1,417,972	1,354,725
12. Subtotals, cash and invested assets (Lines 1 to 11)	86,157,143	17,785,735	68,371,408	73,455,226
13. Title plants less \$ 0 charged off (for Title insurers only)				
14. Investment income due and accrued	87,818		87,818	84,435
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	1,356,369		1,356,369	720,390
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ 0 earned but unbilled premiums)				
15.3 Accrued retrospective premiums				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers				
16.2 Funds held by or deposited with reinsured companies				
16.3 Other amounts receivable under reinsurance contracts	17,047,316		17,047,316	13,140,369
17. Amounts receivable relating to uninsured plans	16,084,419		16,084,419	9,476,917
18.1 Current federal and foreign income tax recoverable and interest thereon				
18.2 Net deferred tax asset				
19. Guaranty funds receivable or on deposit				
20. Electronic data processing equipment and software	716,633	498,196	218,437	261,014
21. Furniture and equipment, including health care delivery assets (\$ 0)	98,151	98,151		
22. Net adjustment in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates	6,560		6,560	87,018
24. Health care (\$ 0) and other amounts receivable				
25. Aggregate write-ins for other than invested assets	1,283,917	1,126,862	157,055	241,347
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	122,838,326	19,508,944	103,329,382	97,466,716
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. Total (Lines 26 and 27)	122,838,326	19,508,944	103,329,382	97,466,716

DETAILS OF WRITE-IN LINES				
1101. Deferred Compensation - 457	1,417,972		1,417,972	1,354,725
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page				
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	1,417,972		1,417,972	1,354,725
2501. Prepaid Expenses & Deposits	762,750	762,750		
2502. Miscellaneous Receivable	521,167	364,112	157,055	241,347
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page				
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	1,283,917	1,126,862	157,055	241,347

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ 0 reinsurance ceded)	6,734,978		6,734,978	5,876,707
2. Accrued medical incentive pool and bonus amounts				
3. Unpaid claims adjustment expenses	173,792		173,792	163,696
4. Aggregate health policy reserves, including the liability of \$ 0 for medical loss ratio rebate per the Public Health Service Act				
5. Aggregate life policy reserves				
6. Property/casualty unearned premium reserve				
7. Aggregate health claim reserves				
8. Premiums received in advance	2,228,169		2,228,169	2,903,764
9. General expenses due or accrued	20,156,509		20,156,509	17,159,244
10.1 Current federal and foreign income tax payable and interest thereon (including \$ 0 on realized gains (losses))				
10.2 Net deferred tax liability				
11. Ceded reinsurance premiums payable	1,013,206		1,013,206	960,783
12. Amounts withheld or retained for the account of others	2,774,031		2,774,031	2,640,527
13. Remittances and items not allocated				
14. Borrowed money (including \$ 0 current) and interest thereon \$ 0 (including \$ 0 current)				
15. Amounts due to parent, subsidiaries and affiliates	149,050		149,050	950,836
16. Derivatives				
17. Payable for securities				
18. Payable for securities lending				
19. Funds held under reinsurance treaties (with \$ 0 authorized reinsurers, \$ 0 unauthorized reinsurers, and \$ 0 certified reinsurers)				
20. Reinsurance in unauthorized and certified (\$ 0) companies	122,389		122,389	135,958
21. Net adjustments in assets and liabilities due to foreign exchange rates				
22. Liability for amounts held under uninsured plans	1,866,013		1,866,013	1,866,013
23. Aggregate write-ins for other liabilities (including \$ 0 current)				
24. Total liabilities (Lines 1 to 23)	35,218,137		35,218,137	32,657,528
25. Aggregate write-ins for special surplus funds	X X X	X X X	465,726	881,451
26. Common capital stock	X X X	X X X		
27. Preferred capital stock	X X X	X X X		
28. Gross paid in and contributed surplus	X X X	X X X		
29. Surplus notes	X X X	X X X		
30. Aggregate write-ins for other than special surplus funds	X X X	X X X		
31. Unassigned funds (surplus)	X X X	X X X	67,645,519	63,927,737
32. Less treasury stock, at cost:				
32.1 0 shares common (value included in Line 26 \$ 0)	X X X	X X X		
32.2 0 shares preferred (value included in Line 27 \$ 0)	X X X	X X X		
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	X X X	X X X	68,111,245	64,809,188
34. Total liabilities, capital and surplus (Lines 24 and 33)	X X X	X X X	103,329,382	97,466,716

DETAILS OF WRITE-IN LINES				
2301.	NONE			
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page				
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)				
2501. Affordable Care Act Section 9010 Fee Assessment - 2015	X X X	X X X	415,726	831,451
2502. Surplus required by the Arkansas Insurance Department	X X X	X X X	50,000	50,000
2503.	X X X	X X X		
2598. Summary of remaining write-ins for Line 25 from overflow page	X X X	X X X		
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	X X X	X X X	465,726	881,451
3001. Surplus required by the Arkansas Insurance Department	X X X	X X X		
3002.	X X X	X X X		
3003.	X X X	X X X		
3098. Summary of remaining write-ins for Line 30 from overflow page	X X X	X X X		
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	X X X	X X X		

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year	Prior Year Ended
	To Date		To Date	December 31
	1	2	3	4
	Uncovered	Total	Total	Total
1. Member Months	X X X	1,521,985	1,419,448	2,846,887
2. Net premium income (including \$ 0 non-health premium income)	X X X	74,756,765	69,167,546	139,550,010
3. Change in unearned premium reserves and reserve for rate credits	X X X	3,055	(5,448)	(1,683)
4. Fee-for-service (net of \$ 0 medical expenses)	X X X			
5. Risk revenue	X X X			
6. Aggregate write-ins for other health care related revenues	X X X			
7. Aggregate write-ins for other non-health revenues	X X X	247,773	5,650	227,329
8. Total revenues (Lines 2 to 7)	X X X	75,007,593	69,167,748	139,775,656
Hospital and Medical:				
9. Hospital/medical benefits		44,715,081	42,087,071	84,596,127
10. Other professional services				
11. Outside referrals				
12. Emergency room and out-of-area				
13. Prescription drugs				
14. Aggregate write-ins for other hospital and medical				
15. Incentive pool, withhold adjustments and bonus amounts				
16. Subtotal (Lines 9 to 15)		44,715,081	42,087,071	84,596,127
Less:				
17. Net reinsurance recoveries		(13,242,529)	(12,926,535)	(25,379,084)
18. Total hospital and medical (Lines 16 minus 17)		57,957,610	55,013,606	109,975,211
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$ 471,374 cost containment expenses		3,937,292	3,383,368	7,398,095
21. General administrative expenses		10,994,615	10,048,117	19,669,413
22. Increase in reserves for life and accident and health contracts (including \$ 0 increase in reserves for life only)				
23. Total underwriting deductions (Lines 18 through 22)		72,889,517	68,445,091	137,042,719
24. Net underwriting gain or (loss) (Lines 8 minus 23)	X X X	2,118,076	722,657	2,732,937
25. Net investment income earned		164,373	190,979	478,714
26. Net realized capital gains (losses) less capital gains tax of \$ 0		218,810	4,997	1,707,352
27. Net investment gains (losses) (Lines 25 plus 26)		383,183	195,976	2,186,066
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ 0) (amount charged off \$ 0)]				
29. Aggregate write-ins for other income or expenses				
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	X X X	2,501,259	918,633	4,919,003
31. Federal and foreign income taxes incurred	X X X			
32. Net income (loss) (Lines 30 minus 31)	X X X	2,501,259	918,633	4,919,003

DETAILS OF WRITE-IN LINES				
0601.	X X X			
0602.	X X X			
0603.	X X X			
0698. Summary of remaining write-ins for Line 06 from overflow page	X X X			
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 06 above)	X X X			
0701. Miscellaneous Income	X X X	247,773	5,650	227,329
0702.	X X X			
0703.	X X X			
0798. Summary of remaining write-ins for Line 07 from overflow page	X X X			
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 07 above)	X X X	247,773	5,650	227,329
1401.				
1402.				
1403.				
1498. Summary of remaining write-ins for Line 14 from overflow page				
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)				
2901.				
2902.				
2903.				
2998. Summary of remaining write-ins for Line 29 from overflow page				
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)				

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
CAPITAL & SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year	64,809,188	59,013,650	59,013,650
34. Net income or (loss) from Line 32	2,501,259	918,633	4,919,003
35. Change in valuation basis of aggregate policy and claim reserves			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ 0	774,177	1,322,308	369,437
37. Change in net unrealized foreign exchange capital gain or (loss)			
38. Change in net deferred income tax			
39. Change in nonadmitted assets	13,058	1,745,815	549,637
40. Change in unauthorized and certified reinsurance	13,569	(19,567)	(42,539)
41. Change in treasury stock			
42. Change in surplus notes			
43. Cumulative effect of changes in accounting principles			
44. Capital Changes:			
44.1 Paid in			
44.2 Transferred from surplus (Stock Dividend)			
44.3 Transferred to surplus			
45. Surplus adjustments:			
45.1 Paid in			
45.2 Transferred to capital (Stock Dividend)			
45.3 Transferred from capital			
46. Dividends to stockholders			
47. Aggregate write-ins for gains or (losses) in surplus			
48. Net change in capital and surplus (Lines 34 to 47)	3,302,063	3,967,189	5,795,538
49. Capital and surplus end of reporting period (Line 33 plus 48)	68,111,251	62,980,839	64,809,188

DETAILS OF WRITE-IN LINES			
4701.	NONE		
4702.			
4703.			
4798. Summary of remaining write-ins for Line 47 from overflow page			
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)			

CASH FLOW

	1	2	3
Cash from Operations	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
1. Premiums collected net of reinsurance	69,981,404	62,695,215	133,110,890
2. Net investment income	256,854	309,145	677,667
3. Miscellaneous income	245,374	2,516	223,557
4. Total (Lines 1 to 3)	70,483,632	63,006,876	134,012,114
5. Benefit and loss related payments	57,099,339	54,883,448	109,297,756
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions	18,720,872	8,190,272	19,757,420
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of \$ 0 tax on capital gains (losses)			
10. Total (Lines 5 through 9)	75,820,211	63,073,720	129,055,176
11. Net cash from operations (Line 4 minus Line 10)	(5,336,579)	(66,844)	4,956,938
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	3,749,324	2,114,154	6,393,113
12.2 Stocks		843	3,897,245
12.3 Mortgage loans			
12.4 Real estate	35,241		
12.5 Other invested assets	308,309	52,355	319,387
12.6 Net gains (or losses) on cash, cash equivalents and short-term investments			
12.7 Miscellaneous proceeds			
12.8 Total investment proceeds (Lines 12.1 to 12.7)	4,092,874	2,167,352	10,609,745
13. Cost of investments acquired (long-term only):			
13.1 Bonds	3,905,935	2,267,125	6,746,271
13.2 Stocks		843	5,007,913
13.3 Mortgage loans			
13.4 Real estate	2,195		101,147
13.5 Other invested assets	183,309		831,671
13.6 Miscellaneous applications			
13.7 Total investments acquired (Lines 13.1 to 13.6)	4,091,439	2,267,968	12,687,002
14. Net increase (or decrease) in contract loans and premium notes			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	1,435	(100,616)	(2,077,257)
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes			
16.2 Capital and paid in surplus, less treasury stock			
16.3 Borrowed funds			
16.4 Net deposits on deposit-type contracts and other insurance liabilities			
16.5 Dividends to stockholders			
16.6 Other cash provided (applied)	(153,998)	(185,997)	(271,023)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	(153,998)	(185,997)	(271,023)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(5,489,142)	(353,457)	2,608,658
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	15,753,336	13,144,678	13,144,678
19.2 End of period (Line 18 plus Line 19.1)	10,264,194	12,791,221	15,753,336

Note: Supplemental disclosures of cash flow information for non-cash transactions:

20.0001			
20.0002			
20.0003			

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	240,715				47,616	193,099				
2. First Quarter	252,373				50,125	202,248				
3. Second Quarter	264,873				50,547	214,326				
4. Third Quarter										
5. Current Year										
6. Current Year Member Months	1,521,985				301,098	1,220,887				
Total Member Ambulatory Encounters for Period:										
7. Physician										
8. Non-Physician										
9. Totals										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (a)	60,046,473				3,575,488	56,470,985				
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	60,046,473				3,575,488	56,470,985				
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	44,684,577				1,764,634	42,919,943				
18. Amount Incurred for Provision of Health Care Services	44,715,081				1,737,496	42,977,585				

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 0

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

[illegible]

UNDERWRITING AND INVESTMENT EXHIBIT
ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec. 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical)						
2. Medicare Supplement						
3. Dental only	4,594,244	51,622,779	136,854	6,475,735	4,731,098	5,740,750
4. Vision only	81,945	800,372		122,389	81,945	135,958
5. Federal Employees Health Benefits Plan						
6. Title XVIII - Medicare						
7. Title XIX - Medicaid						
8. Other health						
9. Health subtotal (Lines 1 to 8)	4,676,189	52,423,151	136,854	6,598,124	4,813,043	5,876,708
10. Health care receivables (a)						
11. Other non-health						
12. Medical incentive pools and bonus amounts						
13. Totals (Lines 9 - 10 + 11 + 12)	4,676,189	52,423,151	136,854	6,598,124	4,813,043	5,876,708

(a) Excludes \$ 0 loans or advances to providers not yet expensed.

NOTES TO FINANCIAL STATEMENTS

Note 1: Summary of Significant Accounting Policies

A. Accounting Practices

No Change.

B. Use of Estimates in the Preparation of the Financial Statements

No Change.

C. Accounting Policy

- (1) No Change
- (2) No Change
- (3) No Change
- (4) No Change
- (5) No Change
- (6) No Change
- (7) No Change
- (8) No Change
- (9) No Change
- (10) No Change
- (11) No Change
- (12) No Change
- (13) No Change

Note 2: Accounting Changes and Corrections of Errors

- A. No Change

Note 3: Business Combinations and Goodwill

- A. No Change
- B. No Change
- C. No Change
- D. No Change

NOTES TO FINANCIAL STATEMENTS

Note 4: Discontinued Operations

No Change

Note 5: Investments

On August 15, 2014, the Company invested \$2 million in a pharmacy benefits risk management company through an LLC with a \$1.3 million equity investment and a \$700,000 mezzanine/subordinated debt investment.

- A. No Change
- B. No Change
- C. No Change
- D. No Change
- E. No Change
- F. No Change
- G. No Change
- H. No Change
- I. Working Capital Finance Investments – N/A

Note 6: Joint Ventures, Partnerships and Limited Liability Companies

No Change

Note 7: Investment Income

- A. No Change
- B. No Change

Note 8: Derivative Instruments

No Change

NOTES TO FINANCIAL STATEMENTS

Note 9: Income Taxes

- A. No Change
- B. No Change
- C. No Change
- D. No Change
- E. No Change
- F. No Change

Note 10: Information Concerning Parent, Subsidiaries and Affiliates

- A. No Change
- B. No Change
- C. No Change
- D. At June 30, 2015, the Company reported \$1,552 due from subsidiary, Omega Adminstrators, Inc. (OAI), \$5,008 from subsidiary, Delta Dental of Arkansas Foundation, Inc. and \$128,785 due to the affiliate, Delta Dental of Michigan (DDMI) and \$20,265 due to the affiliate, Renaissance Life and Health Insurance Company (RLHIA), respectively. These amounts will be settled within thirty days of the report date.
- E. No Change
- F. No Change
- G. No Change
- H. No Change
- I. No Change
- J. No Change
- K. No Change
- L. No Change

Note 11: Debt

- No Change

NOTES TO FINANCIAL STATEMENTS

Note 12: Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

A Nonqualified 457(b) Retirement Plan was established by the Company on April 1, 2003, "as an inducement and motivation to its key managerial and highly compensated employees and its Board of Directors." Participation in the plan is determined at the sole discretion of the Company's Board of Directors. At June 30, 2015, plan assets totaled \$1,417,972 and plan liabilities totaled \$1,417,972 resulting in gains (losses) reported in the statutory statements of activities of \$0. The plan assets and liabilities and related gains (losses) on plan assets were previously omitted from statutory reporting.

- A. No Change
- B. No Change
- C. No Change
- D. No Change
- E. No Change
- F. No Change

Note 13: Capital and Surplus, Shareholders' Dividend Restrictions and Quasi- Reorganizations

- (1) No Change
- (2) No Change
- (3) No Change
- (4) No Change
- (5) No Change
- (6) No Change
- (7) No Change
- (8) No Change
- (9) No Change
- (10) The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses is \$373,541 for 2015.
- (11) No Change

NOTES TO FINANCIAL STATEMENTS

(12) No Change

(13) No Change

Note 14: Contingencies

- A. No Change
- B. No Change
- C. No Change
- D. No Change
- E. No Change

Note 15: Leases

No Change

Note 16: Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk

No Change

Note 17: Sale, Transfer and Servicing of Financial Assets and Extinguishment of Liabilities

No Change

Note 18: Gain or Loss to the Reporting Entity From Uninsured Plans and From the Uninsured Portion of Partially Insured Plans

- A. No Change
- B. The gain from operations from Administrative Services Contract (ASC) uninsured plans and the uninsured portion of partially insured plans were as follows for the years ended June 30, 2015 and 2014:

	2015	2014
Gross reimbursement for medical costs incurred	\$ 138,422,345	\$ 143,019,959

NOTES TO FINANCIAL STATEMENTS

Gross administrative fees accrued	6,504,247	6,365,194
Gross expenses incurred (claims and administrative)	<u>(144,926,592)</u>	<u>(149,385,152)</u>
Total net gain or loss from operations	\$ <u>0</u>	\$ <u>0</u>

C. No Change

Note 19: Direct Premiums Written/Produced by Managing General Agents/Third Party Administrators

No Change

Note 20: Fair Value Measurements

A. Fair Value Measurements at Reporting Date

(1) Description	(2) Level 1	(3) Level 2	(4) Level 3	(5) Total
Assets at Fair Value				
Cash and ST Investments				
Cash	\$9,897,655			\$9,897,655
Money Markets	121,539			121,539
Certificates of deposit		245,000		245,000
Bonds				
US Treasury		12,690,894		12,690,894
US Gov't Agencies		4,335,772		4,335,772
Industrial and Misc	5,583,030			5,583,030
Mutual Funds				
Industrial and Misc	<u>\$37,715,312</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$37,715,312</u>
Total Assets at Fair Value	<u>\$53,317,536</u>	<u>\$17,271,666</u>	<u>\$ 0</u>	<u>\$70,589,203</u>

B. Other Fair Value Measurements

C. Fair Value Measurements Aggregate

(1) Type of Financial Instrument	(2) Aggregate Fair Value	(3) Admitted Assets	(4) Level 1	(4) Level 2	(4) Level 3	(5) Not Practicable
Cash and ST Inv	10,264,194	10,264,194	10,019,194	245,000		
Bonds	22,609,697	22,569,070	5,583,030	17,026,666		
Mutual Funds	<u>37,715,312</u>	<u>12,657,218</u>	<u>37,715,312</u>			

NOTES TO FINANCIAL STATEMENTS

Total	<u>\$70,589,203</u>	<u>\$45,490,482</u>	<u>\$53,317,536</u>	<u>\$17,271,666</u>	<u>\$ 0</u>	<u>\$ 0</u>
-------	---------------------	---------------------	---------------------	---------------------	-------------	-------------

D. No Change

Note 21: Other Items

- A. No Change
- B. No Change
- C. No Change
- D. No Change
- E. No Change
- F. No Change
- G. No Change
- H. Offsetting and Netting of Assets and Liabilities – N/A
- I. Joint and Several Liabilities – N/A
- J. Risk Sharing Provisions of the Affordable Care Act - None

Note 22: Events Subsequent

No Change

Note 23: Reinsurance

- A. No Change
- B. No Change
- C. No Change
- D. No Change

Note 24: Retrospectively Rated Contracts and Contracts Subject to Redetermination

No Change

NOTES TO FINANCIAL STATEMENTS

Note 25: Change in Incurred Claims and Claims Adjustment Expenses

No Change

Note 26: Intercompany Pooling Arrangements

No Change

Note 27: Structured Settlements

No Change

Note 28: Health Care Receivables

No Change

Note 29: Participating Policies

No Change

Note 30: Premium Deficiency Reserves

No Change

Note 31: Anticipated Salvage and Subrogation

No Change

GENERAL INTERROGATORIES

PART 1 – COMMON INTERROGATORIES

GENERAL

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes [] No [X]

1.2 If yes, has the report been filed with the domiciliary state?

Yes [] No []

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes [] No [X]

2.2 If yes, date of change:

3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?

Yes [X] No []

If yes, complete Schedule Y, Parts 1, and 1A.

3.2 Have there been any substantial changes in the organizational chart since the prior quarter end?

Yes [] No [X]

3.3 If the response to 3.2 is yes, provide a brief description of those changes.

4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes [] No [X]

4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?
If yes, attach an explanation.

Yes [] No [X] N/A []

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2013

6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

12/31/2013

6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

12/29/2014

6.4 By what department or departments?
Arkansas Insurance Department

6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes [X] No [] N/A []

6.6 Have all of the recommendations within the latest financial examination report been complied with?

Yes [X] No [] N/A []

7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes [] No [X]

GENERAL INTERROGATORIES

7.2 If yes, give full information

.....
.....
.....
.....

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [] No [X]

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

.....
.....
.....
.....

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No [X]

8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
.....

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?

- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- (c) Compliance with applicable governmental laws, rules, and regulations;
- (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- (e) Accountability for adherence to the code.

Yes [X] No []

9.11 If the response to 9.1 is No, please explain:

.....
.....
.....
.....

9.2 Has the code of ethics for senior managers been amended? Yes [] No [X]

9.21 If the response to 9.2 is Yes, provide information related to amendment(s).

.....
.....
.....
.....

9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]

9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

.....
.....
.....
.....

FINANCIAL

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [X] No []

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ _____

INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [] No [X]

GENERAL INTERROGATORIES

11.2 If yes, give full and complete information relating thereto:

.....

.....

.....

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$ 4,666,595

13. Amount of real estate and mortgages held in short-term investments: \$

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [X] No []

14.2 If yes, please complete the following:

	1	2
	Prior Year-End Book/Adjusted Carrying Value	Current Quarter Book/Adjusted Carrying Value
14.21 Bonds	\$	\$
14.22 Preferred Stock	\$	\$
14.23 Common Stock	\$ 16,523,924	\$ 16,472,714
14.24 Short-Term Investments	\$	\$
14.25 Mortgage Loans on Real Estate	\$	\$
14.26 All Other	\$	\$
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)	\$ 16,523,924	\$ 16,472,714
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above	\$	\$

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [] No [X]

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?
If no, attach a description with this statement. Yes [] No []

16. For the reporting entity's security lending program, state the amount of the following as current statement date:

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$

16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$

16.3 Total payable for securities lending reported on the liability page \$

17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [X] No []

17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1	2
Name of Custodian(s)	Custodian Address
Stephens Capital Management	111 Center Street, Little Rock, AR 72201
Instrust Wealth Management	5314 S Yale Avenue, Suite 206, Tulsa, OK 74135

17.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1	2	3
Name(s)	Location(s)	Complete Explanation(s)
.....
.....

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes [] No [X]

GENERAL INTERROGATORIES

17.4 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

17.5 Identify all investment advisors, broker/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository	2 Name(s)	3 Address

18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed?

Yes [X] No []

18.2 If no, list exceptions:

GENERAL INTERROGATORIES

PART 2 - HEALTH

1.

Operating Percentages:

1.1

A&H loss percent

%

1.2

A&H cost containment percent

%

1.3

A&H expense percent excluding cost containment expenses

%
- 2.1

Do you act as a custodian for health savings accounts?

Yes [☐] No [☒]
- 2.2

If yes, please provide the amount of custodial funds held as of the reporting date.

\$
- 2.3

Do you act as an administrator for health savings accounts?

Yes [☐] No [☒]
- 2.4

If yes, please provide the balance of the funds administered as of the reporting date.

\$

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

[illegible]

SCHEDULE T - PREMIUMS AND ANNUITY CONSIDERATIONS
Current Year To Date - Allocated by States and Territories

			1	Direct Business Only							
				2	3	4	5	6	7	8	9
States, Etc.			Active Status	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life & Annuity Premiums & Other Considerations	Property / Casualty Premiums	Total Columns 2 Through 7	Deposit-Type Contracts
1.	Alabama	AL	N								
2.	Alaska	AK	N								
3.	Arizona	AZ	N								
4.	Arkansas	AR	L	60,046,473						60,046,473	
5.	California	CA	N								
6.	Colorado	CO	N								
7.	Connecticut	CT	N								
8.	Delaware	DE	N								
9.	District of Columbia	DC	N								
10.	Florida	FL	N								
11.	Georgia	GA	N								
12.	Hawaii	HI	N								
13.	Idaho	ID	N								
14.	Illinois	IL	N								
15.	Indiana	IN	N								
16.	Iowa	IA	N								
17.	Kansas	KS	N								
18.	Kentucky	KY	N								
19.	Louisiana	LA	N								
20.	Maine	ME	N								
21.	Maryland	MD	N								
22.	Massachusetts	MA	N								
23.	Michigan	MI	N								
24.	Minnesota	MN	N								
25.	Mississippi	MS	N								
26.	Missouri	MO	N								
27.	Montana	MT	N								
28.	Nebraska	NE	N								
29.	Nevada	NV	N								
30.	New Hampshire	NH	N								
31.	New Jersey	NJ	N								
32.	New Mexico	NM	N								
33.	New York	NY	N								
34.	North Carolina	NC	N								
35.	North Dakota	ND	N								
36.	Ohio	OH	N								
37.	Oklahoma	OK	N								
38.	Oregon	OR	N								
39.	Pennsylvania	PA	N								
40.	Rhode Island	RI	N								
41.	South Carolina	SC	N								
42.	South Dakota	SD	N								
43.	Tennessee	TN	N								
44.	Texas	TX	N								
45.	Utah	UT	N								
46.	Vermont	VT	N								
47.	Virginia	VA	N								
48.	Washington	WA	N								
49.	West Virginia	WV	N								
50.	Wisconsin	WI	N								
51.	Wyoming	WY	N								
52.	American Samoa	AS	N								
53.	Guam	GU	N								
54.	Puerto Rico	PR	N								
55.	U.S. Virgin Islands	VI	N								
56.	Northern Mariana Islands	MP	N								
57.	Canada	CAN	N								
58.	Aggregate other alien	OT	X X X								
59.	Subtotal		X X X	60,046,473						60,046,473	
60.	Reporting entity contributions for Employee Benefit Plans		X X X								
61.	Totals (Direct Business)		(a) 1	60,046,473						60,046,473	

DETAILS OF WRITE-INS									
58001.	X X X								
58002.	X X X								
58003.	X X X								
58998. Summary of remaining write-ins for Line 58	X X X								
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	X X X								

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG;(R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.

(a) Insert the number of L responses except for Canada and Other Alien.

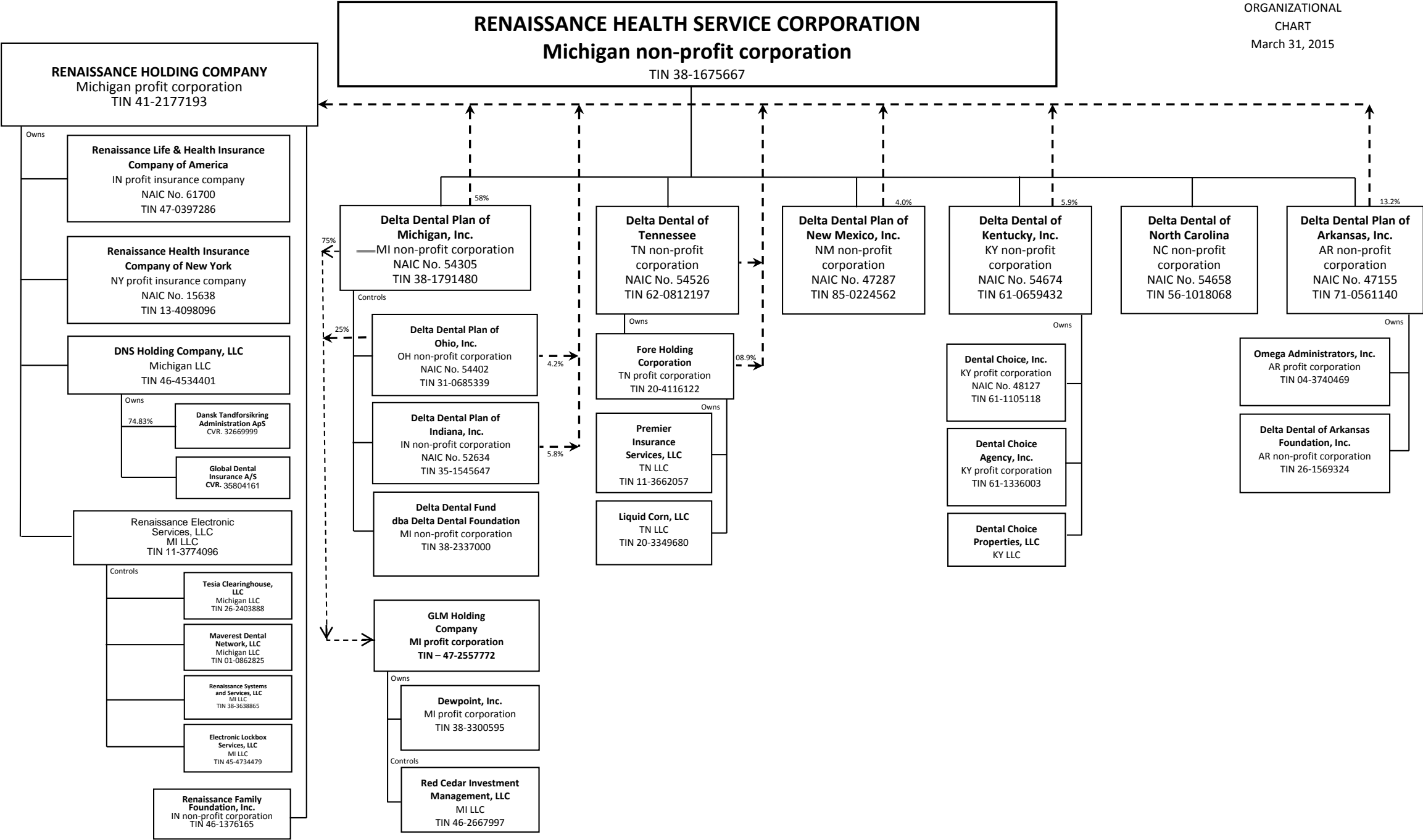
Statement as of June 30, 2015 of the Delta Dental Plan of Arkansas, Inc.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

15

ORGANIZATIONAL
CHART
March 31, 2015



SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
		0	38-1675667				Renaissance Health Service Corporation	MI	UDP					
		0	46-1376165				Renaissance Family Foundation, Inc.	IN	NIA					
		0	41-2177193				Renaissance Holding Company	MI	NIA	Delta Dental Plan of Michigan, Inc.	Ownership	5800.0	Renaissance Health Service Corporati	
		0	41-2177193				Renaissance Holding Company	MI	NIA	Delta Dental Plan of Ohio, Inc.	Ownership	420.0	Renaissance Health Service Corporati	
		0	41-2177193				Renaissance Holding Company	MI	NIA	Delta Dental Plan of Indiana, Inc.	Ownership	580.0	Renaissance Health Service Corporati	
		0	41-2177193				Renaissance Holding Company	MI	NIA	Fore Holding Corporation	Ownership	890.0	Renaissance Health Service Corporati	
		0	41-2177193				Renaissance Holding Company	MI	NIA	Delta Dental of Kentucky, Inc.	Ownership	590.0	Renaissance Health Service Corporati	
		0	41-2177193				Renaissance Holding Company	MI	NIA	Delta Dental Plan of New Mexico, Inc.	Ownership	400.0	Renaissance Health Service Corporati	
		0	41-2177193				Renaissance Holding Company	MI	NIA	Delta Dental Plan of Arkansas, Inc.	Ownership	1320.0	Renaissance Health Service Corporati	
477	Renaissance Health Service Corporation	61700	47-0397286				Renaissance Life & Health Insurance Company of America	IN	IA	Renaissance Holding Company	Ownership	10000.0	Renaissance Health Service Corporati	
477	Renaissance Health Service Corporation	15638	13-4098096				Renaissance Health Insurance Company of New York	NY	IA	Renaissance Holding Company	Ownership	10000.0	Renaissance Health Service Corporati	
		0	46-4534401				DNS Holding Company, LLC	MI	NIA	Renaissance Holding Company	Ownership	10000.0	Renaissance Health Service Corporati	
		0	32669999				Dansk Tandforsikring Administration ApS	DK	NIA	DNS Holding Company, LLC	Ownership	7483.0	Renaissance Health Service Corporati	
		0	35804161				Global Dental Company A/S	DK	NIA	DNS Holding Company, LLC	Ownership	10000.0	Renaissance Health Service Corporati	
		0	26-2403888				Tesia Clearinghouse, LLC	MI	NIA	Renaissance Electronic Services, LLC	Ownership	10000.0	Renaissance Health Service Corporati	
		0	11-3774096				Renaissance Electronic Services, LLC	MI	NIA	Renaissance Holding Company	Ownership	10000.0	Renaissance Health Service Corporati	
		0	01-0862825				Maverest Dental Network, LLC	MI	NIA	Renaissance Electronic Services, LLC	Ownership	10000.0	Renaissance Health Service Corporati	
477	Renaissance Health Service Corporation	54305	38-1791480				Delta Dental Plan of Michigan, Inc.	MI	IA	Renaissance Health Service Corporation	Board of Directors		Renaissance Health Service Corporati	
477	Renaissance Health Service Corporation	54402	31-0685339				Delta Dental Plan of Ohio, Inc.	OH	IA	Delta Dental Plan of Michigan, Inc.	Board of Directors		Renaissance Health Service Corporati	
477	Renaissance Health Service Corporation	52634	35-1545647				Delta Dental Plan of Indiana, Inc.	IN	IA	Delta Dental Plan of Michigan, Inc.	Board of Directors		Renaissance Health Service Corporati	
		0	38-2337000				Delta Dental Fund dba Delta Dental Foundation	MI	NIA	Delta Dental Plan of Michigan, Inc.	Board of Directors		Renaissance Health Service Corporati	
		0	46-2667997				Red Cedar Investment Management, LLC	MI	NIA	GLM Holding Company	Board of Directors		Renaissance Health Service Corporati	
		0	47-2557772				GLM Holding Company	MI	NIA	Delta Dental Plan of Michigan, Inc.	Ownership	7500.0	Renaissance Health Service Corporati	
		0	47-2557772				GLM Holding Company	MI	NIA	Delta Dental Plan of Ohio, Inc.	Ownership	2500.0	Renaissance Health Service Corporati	
		0	38-3300595				Dewpoint, Inc.	MI	NIA	GLM Holding Company	Ownership	10000.0	Renaissance Health Service Corporati	
		0	38-3638865				Renaissance Systems and Services, LLC	MI	NIA	Renaissance Electronic Services, LLC	Ownership	10000.0	Renaissance Health Service Corporati	
		0	45-4734479				Electronic Lockbox Services, LLC	MI	NIA	Renaissance Electronic Services, LLC	Ownership	10000.0	Renaissance Health Service Corporati	
477	Renaissance Health Service Corporation	54526	62-0812197				Delta Dental of Tennessee	TN	IA	Renaissance Health Service Corporation	Board of Directors		Renaissance Health Service Corporati	
		0	20-4116122				Fore Holding Corporation	TN	NIA	Delta Dental of Tennessee	Ownership	10000.0	Renaissance Health Service Corporati	
		0	11-3662057				Premier Insurance Services, LLC	TN	NIA	Delta Dental of Tennessee	Ownership	10000.0	Renaissance Health Service Corporati	
		0	20-3349680				Liquid Corn, LLC	TN	NIA	Delta Dental of Tennessee	Ownership	10000.0	Renaissance Health Service Corporati	
477	Renaissance Health Service Corporation	47287	85-0224562				Delta Dental Plan of New Mexico, Inc.	NM	IA	Renaissance Health Service Corporation	Board of Directors		Renaissance Health Service Corporati	
477	Renaissance Health Service Corporation	54674	61-0659432				Delta Dental of Kentucky, Inc.	KY	IA	Renaissance Health Service Corporation	Board of Directors		Renaissance Health Service Corporati	
		0	61-1336003				Dental Choice Agency, Inc.	KY	NIA	Delta Dental of Kentucky, Inc.	Ownership	10000.0	Renaissance Health Service Corporati	
		48127	61-1105118				Dental Choice Inc.	KY	NIA	Delta Dental of Kentucky, Inc.	Ownership	10000.0	Renaissance Health Service Corporati	
		0					Dental Choice Properties, LLC	KY	NIA	Delta Dental of Kentucky, Inc.	Ownership	10000.0	Renaissance Health Service Corporati	
477	Renaissance Health Service Corporation	54658	56-1018068				Delta Dental of North Carolina	NC	IA	Renaissance Health Service Corporation	Board of Directors		Renaissance Health Service Corporati	
477	Renaissance Health Service Corporation	47155	71-0561140				Delta Dental Plan of Arkansas, Inc.	AR		Renaissance Health Service Corporation	Board of Directors		Renaissance Health Service Corporati	
		0	04-3740469				Omega Administrators, Inc.	AR	DS	Delta Dental Plan of Arkansas, Inc.	Ownership	10000.0	Renaissance Health Service Corporati	
		0	26-1569324				Delta Dental of Arkansas Foundation, Inc.	AR	DS	Delta Dental Plan of Arkansas, Inc.	Board of Directors		Renaissance Health Service Corporati	

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

	<u>Response</u>
1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO

Explanation:

Question 1: Not applicable

Bar Code:



OVERFLOW PAGE FOR WRITE-INS

SCHEDULE A - VERIFICATION
Real Estate

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	8,821,590	8,929,216
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition	2,195	101,147
3. Current year change in encumbrances		
4. Total gain (loss) on disposals	(1,566)	
5. Deduct amounts received on disposals	35,241	
6. Total foreign exchange change in book/adjusted carrying value		
7. Deduct current year's other than temporary impairment recognized		
8. Deduct current year's depreciation	106,960	208,773
9. Book/adjusted carrying value at the end of current period (Lines 1 + 2 + 3 + 4 - 5 + 6 - 7 - 8)	8,680,018	8,821,590
10. Deduct total nonadmitted amounts		
11. Statement value at end of current period (Line 9 minus Line 10)	8,680,018	8,821,590

SCHEDULE B - VERIFICATION
Mortgage Loans

	1 Year To Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase (decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium and mortgage interest points and commitment fees		
9. Total foreign exchange change in book value/recorded investment excluding accrued interest		
10. Deduct current year's other than temporary impairment recognized		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)		
12. Total valuation allowance		
13. Subtotal (Line 11 plus Line 12)		
14. Deduct total nonadmitted amounts		
15. Statement value at end of current period (Line 13 minus Line 14)		

NONE

SCHEDULE BA - VERIFICATION
Other Long-Term Invested Assets

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	5,415,969	4,772,014
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		700,000
2.2 Additional investment made after acquisition	183,309	131,671
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase (decrease)		
6. Total gain (loss) on disposals	183,309	131,671
7. Deduct amounts received on disposals	308,309	319,387
8. Deduct amortization of premium and depreciation		
9. Total foreign exchange change in book/adjusted carrying value		
10. Deduct current year's other than temporary impairment recognized		
11. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)	5,474,278	5,415,969
12. Deduct total nonadmitted amounts	700,000	700,000
13. Statement value at end of current period (Line 11 minus Line 12)	4,774,278	4,715,969

SCHEDULE D - VERIFICATION
Bonds and Stocks

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	59,341,032	55,921,093
2. Cost of bonds and stocks acquired	3,905,935	11,754,184
3. Accrual of discount	15,851	27,498
4. Unrealized valuation increase (decrease)	774,165	369,441
5. Total gain (loss) on disposals	37,067	1,575,680
6. Deduct consideration for bonds and stocks disposed of	3,749,324	10,290,357
7. Deduct amortization of premium	4,057	16,507
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other than temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	60,320,669	59,341,032
11. Deduct total nonadmitted amounts	17,085,735	16,531,428
12. Statement value at end of current period (Line 10 minus Line 11)	43,234,934	42,809,604

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

	1	2	3	4	5	6	7	8
NAIC Designation	Book/Adjusted Carrying Value Beginning of Current Quarter	Acquisitions During Current Quarter	Dispositions During Current Quarter	Non-Trading Activity During Current Quarter	Book/Adjusted Carrying Value End of First Quarter	Book/Adjusted Carrying Value End of Second Quarter	Book/Adjusted Carrying Value End of Third Quarter	Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a)	22,608,049	2,085,773	2,034,443	6,274	22,608,049	22,665,653		22,485,137
2. NAIC 2 (a)								
3. NAIC 3 (a)								
4. NAIC 4 (a)								
5. NAIC 5 (a)								
6. NAIC 6 (a)								
7. Total Bonds	22,608,049	2,085,773	2,034,443	6,274	22,608,049	22,665,653		22,485,137
PREFERRED STOCK								
8. NAIC 1								
9. NAIC 2								
10. NAIC 3								
11. NAIC 4								
12. NAIC 5								
13. NAIC 6								
14. Total Preferred Stock								
15. Total Bonds & Preferred Stock	22,608,049	2,085,773	2,034,443	6,274	22,608,049	22,665,653		22,485,137

5012

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated, short-term and cash-equivalent bonds by NAIC designation:

NAIC 1 \$ 0; NAIC 2 \$ 0; NAIC 3 \$ 0; NAIC 4 \$ 0; NAIC 5 \$ 0; NAIC 6 \$ 0

SCHEDULE DA - PART 1
Short-Term Investments

	1	2	3	4	5
	Book/Adjusted Carrying Value	Par Value	Actual Cost	Interest Collected Year To Date	Paid for Accrued Interest Year To Date
9199999	96,584	X X X	96,584	5	

SCHEDULE DA - VERIFICATION
Short-Term Investments

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	121,539	192,026
2. Cost of short-term investments acquired	88,187	155,732
3. Accrual of discount		
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration received on disposals	113,142	226,219
7. Deduct amortization of premium		
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other than temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	96,584	121,539
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	96,584	121,539

SCHEDULE DB - PART A - VERIFICATION
Options, Caps, Floors, Collars, Swaps and Forwards

1.	Book/Adjusted Carrying Value, December 31, prior year (Line 9, prior year)	
2.	Cost Paid/(Consideration Received) on additions	
3.	Unrealized Valuation increase/(decrease)	
4.	Total gain (loss) on termination recognized	
5.	Considerations received/(paid) on terminations	
6.	Amortization	
7.	Adjustment to the Book/Adjusted Carrying Value of hedged item	
8.	Total foreign exchange change in Book/Adjusted Carrying Value	
9.	Book/Adjusted Carrying Value at End of Current Period (Lines 1 + 2 + 3 + 4 - 5 + 6 + 7 + 8)	
10.	Deduct nonadmitted assets	
11.	Statement value at end of current period (Line 9 minus Line 10)	

NONE

SCHEDULE DB - PART B - VERIFICATION
Future Contracts

1.	Book/Adjusted carrying value, December 31 of prior year (Line 6, prior year)	
2.	Cumulative cash change (Section 1, Broker Name/Net Cash Deposits Footnote - Cumulative Cash Change column)	
3.1	Add:	
	Change in variation margin on open contracts - Highly Effective Hedges	
3.11	Section 1, Column 15, current year to date minus	
3.12	Section 1, Column 15, prior year	
	Change in variation margin on open contracts - All Other	
3.13	Section 1, Column 18, current year to date minus	
3.14	Section 1, Column 18, prior year	
3.2	Add:	
	Change in adjustment to basis of hedged item	
3.21	Section 1, Column 17, current year to date minus	
3.22	Section 1, Column 17, prior year	
	Change in amount recognized	
3.23	Section 1, Column 19, current year to date minus	
3.24	Section 1, Column 19, prior year	
3.3	Subtotal (Line 3.1 minus Line 3.2)	
4.1	Cumulative variation margin on terminated contracts during the year	
4.2	Less:	
4.21	Amount used to adjust basis of hedged item	
4.22	Amount recognized	
4.3	Subtotal (Line 4.1 minus Line 4.2)	
5.	Dispositions gains (losses) on contracts terminated in prior year:	
5.1	Total gain (loss) recognized for terminations in prior year	
5.2	Total gain (loss) adjusted into the hedged item(s) for terminations in prior year	
6.	Book/Adjusted carrying value at end of current period (Lines 1 + 2 + 3.3 - 4.3 - 5.1 - 5.2)	
7.	Deduct total nonadmitted amounts	
8.	Statement value at end of current period (Line 6 minus Line 7)	

NONE

SCHEDULE DB - PART C - SECTION 1

Replication (Synthetic Asset) Transactions Open as of Current Statement Date

Replicated (Synthetic Asset) Transactions								Components of the Replication (Synthetic Asset) Transactions							
1	2	3	4	5	6	7	8	Derivative Instrument(s) Open			Cash Instrument(s) Held				
								9	10	11	12	13	14	15	16
Number	Description	NAIC Designation or Other Description	Notional Amount	Book/Adjusted Carrying Value	Fair Value	Effective Date	Maturity Date	Description	Book/Adjusted Carrying Value	Fair Value	CUSIP	Description	NAIC Designation or Other Description	Book/Adjusted Carrying Value	Fair Value
505															
9999999	Totals					X X X	X X X	X X X			X X X	X X X	X X X		

SCHEDULE DB - PART C - SECTION 2

Replication (Synthetic Asset) Transactions Open

9016

	First Quarter		Second Quarter		Third Quarter		Fourth Quarter		Year to Date	
	1 Number of Positions	2 Total Replication (Synthetic Asset) Transactions Statement Value	3 Number of Positions	4 Total Replication (Synthetic Asset) Transactions Statement Value	5 Number of Positions	6 Total Replication (Synthetic Asset) Transactions Statement Value	7 Number of Positions	8 Total Replication (Synthetic Asset) Transactions Statement Value	9 Number of Positions	10 Total Replication (Synthetic Asset) Transactions Statement Value
1. Beginning Inventory										
2. Add: Opened or Acquired Transactions										
3. Add: Increases in Replication (Synthetic Asset) Transactions Statement Value	X X X		X X X		X X X		X X X		X X X	
4. Less: Closed or Disposed of Transactions										
5. Less: Positions Disposed of for Failing Effectiveness Criteria										
6. Less: Decreases in Replication (Synthetic Asset) Transactions Statement Value	X X X		X X X		X X X		X X X		X X X	
7. Ending Inventory										

NONE

SCHEDULE DB VERIFICATION

Verification of Book/Adjusted Carrying Value, Fair Value and Potential Exposure of all Open Derivative Contracts

Book/Adjusted Carrying Value Check

1.	Part A, Section 1, Column 14		
2.	Part B, Section 1, Column 15 plus Part B, Section 1 Footnote - Total Ending Cash Balance		
3.	Total (Line 1 plus Line 2)		
4.	Part D, Section 1, Column 5		
5.	Part D, Section 1, Column 6		
6.	Total (Line 3 minus Line 4 minus Line 5)		

NONE

Fair Value Check

7.	Part A, Section 1, Column 16		
8.	Part B, Section 1, Column 13		
9.	Total (Line 7 plus Line 8)		
10.	Part D, Section 1, Column 8		
11.	Part D, Section 1, Column 9		
12.	Total (Line 9 minus Line 10 minus Line 11)		

Potential Exposure Check

13.	Part A, Section 1, Column 21		
14.	Part B, Section 1, Column 20		
15.	Part D, Section 1, Column 11		
16.	Total (Line 13 plus Line 14 minus Line 15)		

SCHEDULE E - VERIFICATION

(Cash Equivalents)

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of cash equivalents acquired		
3. Accrual of discount		
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration received on disposals	NONE	
7. Deduct amortization of premium		
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other than temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)		
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)		

Showing All Real Estate ACQUIRED AND ADDITIONS MADE During the Current Quarter

[illegible]

Showing All Real Estate DISPOSED During the Quarter, Including Payments During the Final Year on "Sales Under Contract"

1	Location		4	5	6	7	8	Change in Book/Adjusted Carrying Value Less Encumbrances					14	15	16	17	18	19	20
	2	3						9	10	11	12	13							
Description of Property	City	State	Disposal Date	Name of Purchaser	Actual Cost	Expended for Additions, Permanent Improvements and Changes in Encumbrances	Book/Adjusted Carrying Value Less Encumbrances Prior Year	Current Year's Depreciation	Current Year's Other Than Temporary Impairment Recognized	Current Year's Change in Encumbrances	Total Change in B./A.C.V. (11 - 9 - 10)	Total Foreign Exchange Change in B./A.C.V.	Book/Adjusted Carrying Value Less Encumbrances on Disposal	Amounts Received During Year	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Gross Income Earned Less Interest Incurred on Encumbrances	Taxes, Repairs and Expenses Incurred
Lot 14A Block 2 Shadow O	Sherwood	AR	06/30/2015	Stephen Dillon, Jr.	36,806		36,806						36,806	35,241		(1,566)	(1,566)		
0199999 Property Sold					36,806		36,806						36,806	35,241		(1,566)	(1,566)		
0399999 Totals					36,806		36,806						36,806	35,241		(1,566)	(1,566)		

SCHEDULE BA - PART 2

Showing Other Long-Term Invested Assets ACQUIRED AND ADDITIONS MADE During the Current Quarter

1 CUSIP Ident- ification	2 Name or Description	Location		5 Name of Vendor or General Partner	6 NAIC Desig- nation	7 Date Originally Acquired	8 Type and Strategy	9 Actual Cost at Time of Acquisition	10 Additional Investment Made After Acquisition	11 Amount of Encumbrances	12 Commitment for Additional Investment	13 Percentage of Ownership
		3 City	4 State									
000000-00-0	CapRocq Core Real Estate Fund	Little Rock	AR	undefined	UN	12/27/2012			170,183			
1699999 Common Stocks - Joint Venture, Partnership or Limited Liability Interests - Affiliated									170,183			X X X
4599999 Subtotal Affiliated									170,183			X X X
4699999 Totals									170,183			X X X

EO3

SCHEDULE BA - PART 3

Showing Other Long-Term Invested Assets DISPOSED, Transferred or Repaid During the Current Quarter

1 CUSIP Ident- ification	2 Name or Description	Location		5 Name of Purchaser or Nature of Disposal	6 Date Originally Acquired	7 Disposal Date	8 Book/Adjusted Carrying Value Less Encumbrances, Prior Year	Change in Book/Adjusted Carrying Value						15 Book/Adjusted Carrying Value Less Encumbrances on Disposal	16 Consideration	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Investment Income
		3 City	4 State					9 Unrealized Valuation Increase (Decrease)	10 Current Year's (Depreciation) or (Amortization)/ Accretion	11 Current Year's Other Than Temporary Impairment Recognized	12 Capitalized Deferred Interest and Other	13 Total Change in B./A.C.V. (9+10-11+12)	14 Total Foreign Exchange Change in B./A.C.V.						
000000-00-0	CapRocq Core Real Estate Fund	Little Rock	AR	Undefined	12/27/2012	05/01/2015								62,500	245,809		170,183	170,183	
1799999 Real Estate - Joint Venture/Partnership Interests - Unaffiliated														62,500	245,809		170,183	170,183	
4499999 Total Unaffiliated														62,500	245,809		170,183	170,183	
4699999 Totals														62,500	245,809		170,183	170,183	

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

[illegible]

(a) For all common stock bearing the NAIC market indicator 'U' provide: the number of such issues 0.

E04

SCHEDULE DB - PART A - SECTION 1

Showing all Options, Caps, Floors, Collars, Swaps and Forwards Open as of Current Statement Date

[illegible]

(a)

E06

Code	Description of Hedged Risk(s)
	NONE

(b)

Code	Financial or Economic Impact of the Hedge at the End of the Reporting Period
	NONE

Future Contracts Open as of the Current Statement Date

NONE

NONE

(a)

NONE

(b)

NONE

SCHEDULE DB - PART D - SECTION 2

Collateral for Derivative Instruments Open as of Current Statement Date

Collateral Pledged by Reporting Entity

1	2	3	4	5	6	7	8	9
Exchange, Counterparty or Central Clearinghouse	Type of Asset Pledged	CUSIP Identification	Description	Fair Value	Par Value	Book / Adjusted Carrying Value	Maturity Date	Type of Margin (I, V or IV)
NONE								
0199999 Total Collateral Pledged by Reporting Entity							X X X	X X X

Collateral Pledged to Reporting Entity

1	2	3	4	5	6	7	8	9
Exchange, Counterparty or Central Clearinghouse	Type of Asset Pledged	CUSIP Identification	Description	Fair Value	Par Value	Book / Adjusted Carrying Value	Maturity Date	Type of Margin (I, V or IV)
NONE								
0299999 Total Collateral Pledged to Reporting Entity						X X X	X X X	X X X

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

[illegible]

